

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>107.38910</u>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1							31					
2		1		1			32					
3		2		2			33					
4		2		2			34					
5	1		cancel				35					
6		1					36					
7		2					37					
8	1						38					
9		1					39					
10		2					40					
11		2					41					
12		5					42					
13	1						43					
14		1					44					
15		1					45					
16	1						46					
17		1					47					
18		1					48					
19		2					49					
20		1					50					
21	1											
22		1										
23		1										
24	1											
25		1										
26		2										
27		2										
28		2										
29		1										
30		1										
31	1		cancel									
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	8		1				TOTAL IND.					
TOTAL DEP.	39		5				TOTAL DEP.					
TOTAL CLAIMS	39		6				TOTAL CLAIMS					